U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to compty may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U-

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

,	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Brent J Lewis	Name Local Union No. 1392, IBEW
	Labor Organization File Number 026-364
P.O. Box, Bldg., Room No., if any P.O. Box 519	P.O. Box, Building and Room Number, if any Room 203
Street 17404 Second Street	Street 2015 W. Western Avenue
City Harlan	City South Bend
State Indiana ZIP Code + 4 46743	State Indiana ZIP Code + 4 46629
5. Position in labor organization.	nancial Secretary
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or cononetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Total Name Many	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	And the second section of the section o
	7.b. Amount.
Street	
City	0
State ZIP Code + 4	Egy region per mit it is <mark>authorise man are som till get i gregorijelijet film _{de} gegypennem med held i gar y in ar ommor di</mark>
State ZIP Code + 4	
State	ature
The state of the s	Perjury and other applicable penalties of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the
Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany)	Perjury and other applicable penalties of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the ction on penalties in the instructions.)
Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany)	Perjury and other applicable penalties of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the

Name of Person Filing Brent J. Lewis	File Number U- 2639	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name	a. Labor Organization	
Trade Name, if any: P.O. Box, Bldg., Room No., if any	b. Trust	
Street	c. Employer	
City State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
City State ZIP Code + 4	12.a. Nature of interest held or income received.	
	Baserian and an analysis of the state of the	
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name Stewart C. Miller & Co., Inc.	Christmas gift of popcorn received December 2004.	
Trade Name, if any: Administrative Procedures		
P.O. Box, Bldg., Room No., if any		
Street 2111 W. Lincoln Highway		
Chy Merrillville		
State Indiana ZIP Code + 4 46410		

14.b. Amount of payment.

or Consultant X

13.b. Is the Business an Employer

\$31.00